

Travel Expense Payment Form

This travel expense payment form serves as an agreement between the Kansas Department of Health and Environment (Childhood Lead Poisoning Prevention Program) and local governmental jurisdictions to provide advance payment for expected travel expenses to complete the Lead-Based Paint Inspector, Lead Hazard Risk Assessor, and Elevated Blood Lead (EBL) Investigator training. The purpose of providing funding for the training and associated travel costs is to encourage and support local government staff in their efforts to reduce childhood lead exposure in their communities. Baker Environmental Consulting (BEC) provides environmental consulting, training, and testing services for individuals and businesses from across the United States. KDHE has contracted with BEC to provide the training courses. This training vendor is accredited by Missouri, Kansas, and the EPA. The training location is in Kansas City, Kansas,

Participants *must* obtain prior approval before any expenses will be paid. Prior approval can be requested by completing the EBL Training Application Form. The EBL Training Application Form is a separate document that must be completed filled out and submitted to the Childhood Lead Poisoning Prevention Program for course participant and funding approval.

Training course registration payment will be made directly by the Kansas Department of Health and Environment.

Travel expenses eligible for payment will be calculated based on the following for FY19:

Mileage Rate will be calculated at the current State approved rate based on round trip distance between the employer location and the training location.

Per Diem Rate will be calculated for Wyandotte County at the current State approved rate based on the days the participant is completing the training. Per Diem Rate will not be paid for additional travel days other than those specified by KDHE through the approval process.

Lodging will be paid for each day of training and the proceeding day, to not exceed the approval State lodging limitation rate for Wyandotte County.



Jurisdiction Travel Expense Payment Advance Requested for:

Participant Name: _____

Jurisdiction Name: _____

Name of Jurisdiction Fiscal Agent: _____

Jurisdiction Phone Number for Travel Payment: _____

Jurisdiction Fiscal Agent Email: _____

Indicate below the travel expenses requested to be paid in advance:

Mileage: Yes or No Amount Requested: _____

Per Diem Daily Rate: Yes or No Amount Requested: _____

Lodging Daily Rate: Yes or No Amount Requested: _____

Vehicle Rental: Yes or No Amount Requested: _____

Approved payments will be made to the local jurisdiction prior to the training course dates. Once the initial travel expense payment has been approved and payment made, no other travel expenses will be considered or paid per participant per training. Payment for training registration and travel expenses constitutes an agreement between KDHE and the local jurisdiction, stating that the participant will complete the training in its entirety. Payment will be made by check to the local jurisdiction.

Please submit the completed form by mail or email to:

Jessica Willard
KDHE CSOB
1000 SW Jackson Street, Suite 130
Topeka, Kansas 66612-1365

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785-296-3849